



Sioux Valley Health Plan
P. O. Box 91110
Sioux Falls, SD 57109-1110
1-605-328-6868 1-877-305-5463

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CHAD A NOVAK
5101 S MAC ARTHUR LANE #303
SIOUX FALLS, SD 57108

Invoice Number 336074
Invoice Date 11/20/03
Payment Due Date 12/1/03
Bill Period Dec-03

Previous Balance: \$0.00
Amount Paid: \$0.00
Adjustments: \$0.00
Premium: \$615.06

Amount Due: \$615.06

Customer ID: 100245491 Employer Group: 000115001C

Subscriber ID	Subscriber Name	Coverage Eff	Type	Size	From	Thru	Monthly Rate	Tot Prem
100245491	NOVAK,CHAD A	10/1/03	E	1	10/1/03	10/31/03	\$205.02	\$205.02
100245491	NOVAK,CHAD A	10/1/03	E	1	11/1/03	11/30/03	\$205.02	\$205.02
100245491	NOVAK,CHAD A	10/1/03	E	1	12/1/03	12/31/03	\$205.02	\$205.02
Invoice Total	Total Sub / Mbrs		1 /	1			Total Premiums:	\$615.06